LAFAYETTE CITY - PARISH CONSOLIDATED GOVERNMENT CIVIL SERVICE SYSTEM 291-8330

TO FILE AN APPLICATION

Only U.S. citizens and non-citizens authorized to work in the United States by the U.S. Citizenship and Immigration Service are eligible for employment by the Lafayette Consolidated Government.

In order for an application to be accepted, the following items are required at the time the application is turned in.

- 1. Proof of voter registration from the applicant's parish of residence. This may be obtained from the Registrar of Voters in your parish of residence (1010 Lafayette Street for Lafayette Parish).
- 2. Proof of a social security number. If you do not have your SS card, your driver's license or official document with your number **printed** on it will be accepted.

The following item may be turned in at any time **before** the test is given.

- 3. Proof of honorable discharge: DD214. You must show proof of having served 90 consecutive days of active duty and show proof that you were honorably discharged. Anyone showing proof will be awarded five points to a passing score.
- 4. Deadlines are strictly enforced, your application form with 1 and 2 above must be submitted to the Civil Service Office before both date / time and maximum number of applications stated on the ad or announcement of the vacancy.
- After the Civil Service test the top five scoring applications plus ties will be certified as eligible for hire.
- Any offer of employment is subject to your passing the physical examination, the drug test and retaining or achieving any qualifications or licenses or certifications required by the job.
- Any employee hired into the LCG Civil Service system is subject to a 6 month probationary period, if unwilling or unable to perform satisfactorily during that time, the new employee may be dismissed without right of appeal.
- Continued employment is subject to the Conditions of Employment Policy (from Human Resources Office)

Revised 3/3/06.

I CG	FORM	#007	7/03\
LUG	FURIN	#001	17/031

DEADLINE:First	Including Up To	City - Parish Employees	Received Refore:	Noon
DEADLINE.FIISt	including up to	City - Parisii Ellipioyees	Received before.	140011

LAFAYETTE CONSOLIDATED GOVERNMENT

NOTICE: Resumes will not be accepted in lieu of this completed form. CIVIL SERVICE SYSTEM
705 WEST UNIVERSITY AVENUE
P.O. BOX 4017-C
LAFAYETTE, LOUISIANA 70502
(337) 291-8330

APPLICATION FOR EMPLOYMENT

Fill out this application on typewriter or print in ink. To avoid delay in processing please give complete and accurate information.

	THE FOLLOWING IS NECESSARY TO NOTIFY	YOU	OF EX	AMINATION	RESULTS A	ND/OR INTER	VIEWS ON	ILY.	
1.	Position applied for:								
2.									
	LAST			FIRST MIDDLE					
3.	3. Mailing Address:Number			Street		An	artment N	umber	
	City			State		ZIţ	Code		
4.	Phone: Home # W	ork#		DO NOT WRITE IN THIS SPACE			SPACE		
					VP	RE			
5.	Social Security Number:				_ RV	SS			
	SWER THE FOLLOWING QUESTIONS BY ACING AN "X" UNDER "YES" or "NO"	YES	NO			CIAL QUALIFIC			
6.	Are you a citizen of the United States?								
7. If not a citizen of the United States, are you a registered alien with government permission to work in this country?				te ex	If you have a disability and require some testing assistance, (e.g. enlarged print, etc.) explain on separate sheet of paper and advis Civil Service staff before the test.				
Are you a registered voter of the City or Parish in which you reside?					List any licenses, certifications or other professional registrations.			r	
9.	Have you in the past worked, full-time or part-time for the former Lafayette City Government? If yes, state which department.	,	professional registrations.						
10.	Have you in the past worked, full-time or part-time for the former Lafayette Parish Government? If yes, state which department.	,		_					
11. Have you previously worked, full-time or part-time, for the Lafayette Consolidated Government? If yes, state which department.		,		ar	If you are applying for clerical work, answer the following:				
12.	Do you currently work for the Lafayette Consolidated Government? If yes, state which department.				Are you trained or experienced in the following skills: Typing Yes □ No □				
13.	Within the past 5 years have you been discharged from a position because your work or conduct was unsatisfactory? If yes, explain in item #24 on back.			Shorthand Yes I No List any office machines which you are skilled in operating.					
14.	May inquiry be made of your present and/or past employer concerning your work record, qualifications, etc.?			Di Co	Yes	No			
15.	Have you ever been CONVICTED, PLACED ON PROBATION, OR A SUSPENDED SENTENCE, for an offense other than minor traffic violations? (Convictions are not necessarily a bar to employment). If yes, explain in Item #25 on back.			Ke Pe	alculator ey Punch Ma ersonal Com st any other	puter			

Place: to
Name of Employer: Address: Phone # Kind of Business or Organization: Was this a Supervisory Position? Name and Title of Your Immediate Supervisor: Reasonfor Leaving: 2) NEXT PREVIOUS POSITION Place: From
Name of Employer: Address: Phone # Kind of Business or Organization: Was this a Supervisory Position? Name and Title of Your Immediate Supervisor: Reasonfor Leaving: 2) NEXT PREVIOUS POSITION Place:
Address: Phone # Kind of Business or Organization: Was this a Supervisory Position? Name and Title of Your Immediate Supervisor: Reasonfor Leaving: 2) NEXT PREVIOUS POSITION Place:
Phone # Kind of Business or Organization: Was this a Supervisory Position? Name and Title of Your Immediate Supervisor: Reasonfor Leaving: 2) NEXT PREVIOUS POSITION Place: Exact Title of Your Position:
Kind of Business or Organization: Was this a Supervisory Position? Name and Title of Your Immediate Supervisor: Reasonfor Leaving: 2) NEXT PREVIOUS POSITION Place:
Was this a Supervisory Position? Name and Title of Your Immediate Supervisor: Reasonfor Leaving: 2) NEXT PREVIOUS POSITION Place: to
Name and Title of Your Immediate Supervisor: Reasonfor Leaving: 2) NEXT PREVIOUS POSITION Place: to
Reason for Leaving: 2) NEXT PREVIOUS POSITION Place:
2) NEXT PREVIOUS POSITION Place:
Place: Exact Title of Your Position: Per, Final \$
From,,
Name of Employer: Address: Phone # Kind of Business or Organization: Was this a Supervisory Position? Name and Title of Your Immediate Supervisor: Reasonfor Leaving: 3) NEXT PREVIOUS POSITION Place: Exact Title of Your Position:
Name of Employer: Address: Phone # Kind of Business or Organization: Was this a Supervisory Position? Name and Title of Your Immediate Supervisor: Reason for Leaving: 3) NEXT PREVIOUS POSITION Place: Exact Title of Your Position:
Address: Phone # Kind of Business or Organization: Was this a Supervisory Position? Name and Title of Your Immediate Supervisor: Reason for Leaving: 3) NEXT PREVIOUS POSITION Place: Exact Title of Your Position:
Phone # Kind of Business or Organization: Was this a Supervisory Position? Name and Title of Your Immediate Supervisor: Reasonfor Leaving: 3) NEXT PREVIOUS POSITION Place:
Kind of Business or Organization: Was this a Supervisory Position? Name and Title of Your Immediate Supervisor: Reason for Leaving: 3) NEXT PREVIOUS POSITION Place: Exact Title of Your Position:
Was this a Supervisory Position? Name and Title of Your Immediate Supervisor: Reason for Leaving: 3) NEXT PREVIOUS POSITION Place: Exact Title of Your Position:
Name and Title of Your Immediate Supervisor: Reason for Leaving: 3) NEXT PREVIOUS POSITION Place: Exact Title of Your Position:
Reasonfor Leaving: 3) NEXT PREVIOUS POSITION Place: Exact Title of Your Position:
3) NEXT PREVIOUS POSITION Place: Exact Title of Your Position:
Place: Exact Title of Your Position:
From Salary Starting \$ per Final \$
Month Yr. Month Yr.
Duties and Responsibilities:
Name of Employer:
Address:
Phone #
Kind of Business or Organization:
Was this a Supervisory Position?
Name and Title of Your Immediate Supervisor:
Reason for Leaving:
22. List volunteer experience here:

Class Code: 4301 Revised: 3/8/83

SERVICE STATION ATTENDANT

PURPOSE AND NATURE OF WORK

Work is confined principally to the non-mechanical servicing of vehicles, including changing oil, greasing, servicing batteries, and checking inflation of tires. Employees of this class work under the general supervision of a superior, but use independent judgement in carrying out routine tasks. Periodic checks of vehicles are made by a supervisor.

<u>ILLUSTRATIVE EXAMPLES OF WORK</u> (Note: These examples are intended only to illustrate the various types of work performed by incumbents in this class. All of the duties performed by any one incumbent may not be listed, nor does any incumbent necessarily perform all of these duties.)

Greases, lubricates, fuels, washes, and cleans vehicles; makes oil and filter changes; maintains proper oil, air, water, brake and transmission fluid levels. Fixes flats, changes tires, services batteries, and makes road calls. Sweeps and cleans working area. Writes tickets on products used for each vehicle unit. Checks fluid level in oil drums and gas tanks.

Performs related work as required.

NECESSARY KNOWLEDGES, ABILITIES, AND SKILLS

Knowledge of the fundamental service requirements of automotive equipment.

Ability to write clearly.

Ability to understand and carry out oral and written instructions.

Ability to establish and maintain effective relationships with superiors and other employees.

Skill in lubricating and greasing automotive equipment and in changing tires.

DESIRABLE TRAINING AND EXPERIENCE

Ability to read and write; and experience in servicing automotive equipment; or any equivalent combination of training and experience.

NECESSARY SPECIAL OUALIFICATION

Possession of a valid Louisiana Driver's License.

RECRUITING INFORMATION

The following information does not become part of your application for employment. Your answers will neither help nor hinder your chance for employment with the Lafayette Consolidated Government. They do, however, help us to assess our recruiting efforts, as well as to monitor the progress of our Equal Employment Opportunity Program. Therefore, we ask your cooperation in providing the following information. Thank you.

1.	DATE OF APP	LICATION:				
			month	day	year	
2.	NAME:	last		first	middle initial	
3.	SOCIAL SECU				middle ilitidi	
	BIRTH DATE					
٠.	BII(IIIB)(IE	•	month	day	year	
5.	JOB APPLIED	FOR:				
6.	S. SEX (Please Check): Male					
			Female			
7.	HOW DO YOU PLEASE CHE		YOURSELF INTERI	MS OF THE FOLLOWING	GROUP?	
	A.	American I	ndian (including Aleu	ts and Eskimos)		
B. Black/African-American/African						
C. White/Caucasian/European/Middle Easterner						
	D.	D. Hispanic/Chicano/Puerto Rican/Mexican American/Latin American				
	E.	E. Oriental/Asian American/Pacific Islander				
	F.	Disabled a	s defined by the Ame	ricans with Disabilities Ac	t	
8.	HOW DID YOU	HEAR ABO	OUTTHE JOB FOR V	VHICHYOU APPLIED? P	LEASE CHECK.	
	A.	Lafayette D	Daily Advertiser			
	B.	Out-of-town	n newspaper			
	C.	Profession	al journal			
	D.	Radio				
	E.	Civil Service	ce bulletin board			
	F.	Present cit	y-parish employee			
	G.	University	Placement Office			
	H.	Louisiana	State Employment Of	fice		
	1.	Other				

LAFAYETTE CONSOLIDATED GOVERNMENT NOTICE TO APPLICANTS PRE-EMPLOYMENT DRUG TESTING

The LAFAYETTE CONSOLIDATED GOVERNMENT has a policy prohibiting the possession, distribution, use, consumption, or being under the influence of, alcohol or illegal or unauthorized drugs or other unauthorized, controlled substances, in order to provide a safe and healthful environment for employees, visitors and members of the general public. Therefore, those applicants selected for employment with the LAFAYETTE CONSOLIDATED GOVERNMENT will be required to submit to a urine drug screen test and shall be dropped from consideration of employment if the testing results indicate a detectable amount of illegal or unauthorized substances or an alcohol level in excess of 0.04.

Individuals who have been disqualified due to positive test results shall be ineligible to reapply for work with the LAFAYETTE CONSOLIDATED GOVERNMENT for a period of two years after having been dropped from consideration. Upon reapplication, those applicants must show proof of their completion of a reasonable drug and alcohol treatment or counseling program.